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OF COUNSEL:
J. MICHAEL JERRY

September 19, 2007

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Christine Greene
Coventry Health Care
P.O. Box 8400
London, KY 40742

First Health Benefits Administrators Corp.
P.O. Box 8400
London, KY 40742

Re: APPEAL OF CLINICAL NON-CERTIFICATION

Participant: Ralph C. Neal
Fund: H5148
Plan Administrator: Christopher & Banks
Patient Name: Ralph C. Neal

Dear Ms. Greene, et al:

Please be advised that we have been retained by Ralph C. Neal to review the clinical non-certification by Coventry Health Care of kidney transplant surgery at University of Wisconsin Hospital and Clinics in Madison, Wisconsin. Please take notice that this letter is intended as notification that Ralph C. Neal is appealing the clinical non-certification of the above-described kidney transplant surgery. The basis for the appeal is that the reasons communicated by Coventry Health Care to Mr. Neal and his health care providers for non-certification are not supported by the Plan language and provisions.

To assist us with our evaluation of Mr. Neal's claims, please provide us with the following:

1. Confirmation that this appeal has been timely filed.
2. A certified copy of the policy of insurance identified above.
3. The identity of the Medical Reviewer or Reviewers to whom this matter was referred for certification review.
4. The procedure to be followed with respect to the appeal process.

If there is anything further you require to provide us with the requested information, please advise.

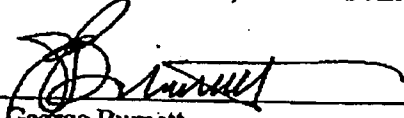
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Christine Greene
Coventry Health Care
First Health Benefits Administrators Corp.
September 19, 2007
Page 2

Very truly yours,

LIEBMANN, CONWAY, OLEJNICZAK & JERRY, S.C.

By: _____


George Burnett

GB:lms

cc: Ralph C. Neal
Mary Jane Volm

#227833

6726902329

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LIEBMANN, CONWAY, OLEJNICZAK & JERRY, S.C.

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OF COUNSEL:
J. MICHAEL JERRY

October 30, 2007

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VIA FACSIMILE #480-445-4806

Jacque Schwartz
Coventry Health Care
4141 N. Scottsdale Road
Scottsdale, AZ 85251

Re: AMENDED APPEAL OF CLAIM DENIALS

Participant: Ralph C. Neal
Fund: H5148
Plan Administrator: Christopher & Banks
Patient Name: Ralph C. Neal

Dear Ms. Schwartz:

Please be advised that we have been retained by Ralph C. Neal to review the denial of numerous claims by Coventry Health Care for medical treatment expenses related to kidney transplant surgery at University of Wisconsin Hospital and Clinics in Madison, Wisconsin. Please take notice that this letter is intended as notification that Ralph C. Neal is appealing the denial of claims for medical treatment expenses for the above-described kidney transplant surgery. The basis for the appeal is that the reasons communicated by Coventry Health Care to Mr. Neal and his health care providers for denial of claims for medical treatment expenses are not supported by the Plan language and provisions. This matter was originally appealed on September 19, 2007 on the basis of the denial of non-certification, but since Mr. Neal was forced to undergo the kidney transplant despite the non-certification, you have informed us that the appeal is now to be based on the denial of claims and not the non-certification. If we are mistaken in this regard, please advise.

To assist us with our evaluation of Mr. Neal's claims, please provide us with the following:

1. Confirmation that this appeal has been timely filed. We understand that appeals may have been previously filed and identified as "Appeal #1-6562."
2. A certified copy of the policy of insurance identified above.

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LIEBMANN, CONWAY, OLEJNICZAK & JERRY, S.C.

VIA FACSIMILE #480-445-4806

Jacque Schwartz
Coventry Health Care
October 30, 2007
Page 2

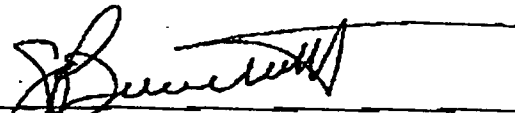
3. The identity of the Medical Reviewer or Reviewers to whom this matter was referred for pre-authorization certification review.
4. The procedure to be followed with respect to the appeal process.

We understand that you have only 40 pages of medical treatment information in your file. We are in the process of obtaining additional medical treatment information for consideration by the Medical Reviewer and will forward that information once it has been received.

Very truly yours,

LIEBMANN, CONWAY, OLEJNICZAK & JERRY, S.C.

By: _____


George Burnett

GB:lms

cc: Ralph C. Neal
Mary Jane Volm

#244068

673100 0062

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November 12, 2007

Liebmann, Conway, Olejniczak & Jerry, S.C.
Attorneys & Counselors at Law
213 S. Adams Str.
Greenbay, WI 56301
Attn: George Burnett

Address correspondence to:
Coventry Health Care
P.O. Box 8400
London, KY 40742

Participant: Ralph C. Neal
Fund: H5148
Plan Administrator: Christopher & Banks, Inc.
Patient Name: Ralph C. Neal
Provider Name: University of WI Hospital and Clinic
Re: transplant and transplant related claims
Processed date: April 25, 2006 through Oct 29, 2007

Dear Mr. Burnett:

We have received your faxed appeal request dated October 31, 2007 for additional information on behalf of Ralph C. Neal, member of the Christopher & Banks, Inc. benefit plan for claim denials related to the kidney/liver transplant surgery at University of Wisconsin Hospitals and Clinics. Below is a summary of your initial request for additional information.

Please be advised that the mail receipt date of your post service appeal will be based upon the receipt of the additional records you will be providing as noted on page 2, last paragraph of your letter. At this time your request is considered an incomplete appeal until all records have been received.

1. Confirmation that this appeal has been timely filed.
The following is the plan language for timely filing of an appeal.

"HOW TO APPEAL A DENIAL OF BENEFITS"

"Written Appeal:

Within 180 days of receipt of the notice of the claim denial or clinical non-certification, you may request, in writing, that the plan conduct a review of the processed claim. However, for an appeal of a clinical non-certification of a request for certification involving urgent care, you or your health care provider may appeal verbally. All requests for a review of claim denial or clinical non-certification should include a copy of the initial denial letter and any other relevant information (e.g. written comments, documents, articles or records). Any discrepancies between a benefit description in the plan document and the way a claim was processed will be corrected promptly. The contract administrator will provide all relevant information to the plan administrator. Upon receipt of the appeal information from the contract administrator, the plan administrator will:

1. Review all comments, documents, records, and other information submitted by you;
2. Consult with an appropriate health care professional if the claim was denied because it was not considered *medically necessary*, or the service was considered *investigational/experimental*. You may request the name of the health care professional who was consulted;
3. Request additional information necessary to review the appeal. You should provide the information as soon as possible;

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4. Use discretionary authority in making an appeal determination, however, such discretionary authority will be consistent with determinations for similarly situated plan participants; and
5. Provide notice of the appeal determination in writing, or orally, where appropriate.

Send all written information to the *contract administrator*:

First Health Benefits Administrators Corp.
P.O. Box 8400
London, KY 40742

Requests for appeal which do not comply with these procedures will not be considered, except in extraordinary circumstances. You will be notified if the appeal request has not been considered and you will be allowed to present evidence of why the appeal should be considered.

Because claims filing periods and appeals periods may overlap, the plan will coordinate appeals of clinical non-certifications, claims for payment of benefits and appeals of claims for payment of benefits. If you submit an appeal for a clinical non-certification but have already received the services which are the subject of the appeal, and Coventry Health Care has received a claim for benefits while the appeal is under consideration, the appeal will be reviewed as follows:

1. The appeal will be consolidated and all submitted information will be taken into consideration when the claim for benefits is reviewed. A notice of claim determination will be provided. If the claim for benefits is denied, you may file a final appeal of the *claim denial*, and
2. If the claim for benefits was already denied prior to your submitting the appeal of a clinical non-certification, the plan will consider this your appeal of the claim for benefits denial.

2. A certified copy of the policy of insurance identified above.

Please be advised that you may obtain a copy of the summary plan document by contacting the plan participant, Mr. Neal. The member may contact their Human Resource Department to obtain this information.

3. The identity of the Medical Reviewer or Reviewers to whom this matter was referred for pre-authorization review.

Floyd Shewmake, M.D., J.D., Coventry Health Care Medical Director.

4. The procedure to be followed with respect to the appeal process.

Please refer to the above section on "How to Appeal a Denial of Benefits"

If you have any questions, please call Coventry Health Care Member Services at 800-541-1623.

Sincerely,

Coventry Management Services, Inc.
Js

cc: Ralph C. Neal
4622 Osage Court
Green Bay, WI 54313

4141 N. Scottsdale Road • Scottsdale, AZ 85251

CB 000299

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DAWN M. KORVER
T. WICKHAM SCHMIDTOF COUNSEL:
J. MICHAEL BERRY

November 26, 2007

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FACSIMILE: (920) 437-2868

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VIA FACSIMILE #1-480-445-4806Jacque Schwartz
Coventry Health Care
4141 N. Scottsdale Road
Scottsdale, AZ 85251

Re: Participant: Ralph C. Neal
 Fund: H5148
 Plan Administrator: Christopher & Banks, Inc.
 Patient Name: Ralph C. Neal
 Provider Name: University of WI Hospital and Clinic
 Re: transplant and transplant related claims
 Processed date: April 25, 2006 through October 29, 2007

Dear Ms. Schwartz:

We acknowledge receipt of correspondence from Coventry Management Services, Inc. dated November 12, 2007 regarding the above matter. In a phone conversation which you had with Lynn Sternhagen of our office, you clarified the proper basis for the appeal we originally submitted on September 19, 2007, and requested that we resubmit our appeal request accordingly. We did so on October 30, 2007, indicating that we would like confirmation that the appeal would be considered filed with your office as of September 19, 2007. Would you please confirm that the date Coventry is considering this matter as having been appealed is September 19, 2007.

Also, I would like to confirm that you indicated to Lynn Sternhagen that Coventry has only about 40 pages of medical treatment information concerning Mr. Neal's need for a kidney transplant. You further informed Lynn Sternhagen that under standard procedure, your entire file, consisting of only the 40 pages of medical information, would be submitted for medical review upon receipt of the appeal request. However, given the circumstances in this matter, it was agreed that you would hold the appeal request open until the balance of Mr. Neal's medical treatment information could be provided. Please confirm that this appeal is being held by you in abeyance until we can submit the additional medical treatment information applicable to Mr. Neal's treatment. Unfortunately, due to the volume of materials related to this treatment, it was not possible to submit the same with the appeal request. In other words, I would like you to

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LIEBMANN, CONWAY, OLEJNICZAK & JERRY, S.C.

VIA FACSIMILE #1-480-445-4806

Jacque Schwartz
Coventry Health Care
November 26, 2007
Page 2

confirm that the appeal has not been rejected for consideration as of this time, but rather is being held by you until the additional medical support can be provided, which normally would have accompanied the appeal request.

We have requested medical treatment information from University of Wisconsin Hospital and Clinics, UW Health Physicians, Bellin Hospital, and Bellin Health Family Medical Center. As soon as the same is received, we expect to provide it to you, together with any additional treatment information we feel may be pertinent in this matter. You have previously indicated that once we confirm we have submitted all of the medical treatment information we feel should be considered by the medical reviewer, you will then submit the entire group of documents for consideration, and Coventry will proceed to follow its usual course of procedures relating to appeal of claim denials.

We would appreciate your confirming our understanding as to how this matter will proceed and clarifying any ambiguities or errors so that we may properly represent our client's interest in this matter.

Very truly yours,

LIEBMANN, CONWAY, OLEJNICZAK & JERRY, S.C.

By: 

George Burnett

GB:lms

cc: Ralph C. and Julie Neal
Mary Jane Volm

#252861

6734573814

CB 000301



December 3, 2007

Liebmann, Conway, Olejniczak & Jerry, S.C.
Attorneys & Counselors at Law
213 S. Adams Str.
Greenbay, WI 56301
Attn: George Burnett

Address correspondence to:
Coventry Health Care
P.O. Box 8400
London, KY 40742

Participant: Ralph C. Neal
Fund: H5148
Plan Administrator: Christopher & Banks, Inc.
Patient Name: Ralph C. Neal
Provider Name: University of WI Hospital and Clinic
Re: transplant and transplant related claims
Processed date: April 25, 2006 through Oct 29, 2007

Dear Mr. Burnett:

We are in receipt of your most recent correspondence dated November 26, 2007 received by Coventry Health Care on November 29, 2007. Your letter request that Coventry Health Care acknowledge receipt of your appeal on behalf of Mr. Neal based upon the appeal notification letter initially received on September 19, 2007. Your appeal will be opened and reviewed upon receipt of all medical records and will forward to the Plan Administrator for their final determination.

Coventry Health Care received your correspondence dated September 19, 2007, on September 26, 2007. The appeal correspondence requested an "Appeal of Clinical Non-certification" requesting additional information to assist in your review. After a conversation with Lynn with your office I advised her that your request was no longer a pre-service appeal as services had already been rendered, therefore now considered a post-service appeal. In addition, I advised Lynn that based on our records we only had 40 pages of clinical and could review the appeal based on this information however, to complete a fair appeals process all Hospital and physician records would be needed. Lynn agreed however stated that this may take some time. Lynn was advised of the 180 day appealing filing limit per the plan.

Coventry Health Care received a fax dated October 30, 2007 revising your September 19, 2007 letter. A response was sent on November 12, 2007 by Coventry Health Care explaining the Plan's Benefits and claims denial appeal guidelines.

Please note that once clinical records are received, the appeal will be re-opened based on the date this information is received and will be reviewed taking into consideration all clinical records, the Plan document and all other pertinent information available.

The Plan provides an appeal process as identified below.

"HOW TO APPEAL A DENIAL OF BENEFITS"

"Written Appeal:

Within 180 days of receipt of the notice of the claim denial or clinical non-certification, you may request, in writing, that the plan conduct a review of the processed claim. However, for an appeal of a clinical non-certification of a *request for certification involving urgent care*, you or your *health care provider* may appeal verbally. All requests for a review of *claim denial* or clinical non-certification should include a copy of the initial denial letter and any other relevant information (e.g. written comments, documents, articles or records). Any discrepancies between a benefit description in the plan document and the way a claim was processed will be corrected promptly. The *contract administrator* will provide all relevant information to the *plan administrator*.

Page 2 Neal

4141 N. Scottsdale Road • Scottsdale, AZ 85251

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Upon receipt of the appeal information from the *contract administrator*, the *plan administrator* will:

1. Review all comments, documents, records, and other information
2. Consult with an appropriate health care professional if the claim was denied because it was not considered *medically necessary*, or the service was considered *investigational/experimental*. You may request the name of the health care professional who was consulted;
3. Request additional information necessary to review the appeal. You should provide the information as soon as possible;
4. Use discretionary authority in making an appeal determination, however, such discretionary authority will be consistent with determinations for similarly situated plan participants; and
5. Provide notice of the appeal determination in writing, or orally, where appropriate

Send all written information to the *contract administrator*:

Coventry Health Care
P.O. Box 8400
London, KY 40742

Requests for appeal which do not comply with these procedures will not be considered, except in extraordinary circumstances. You will be notified if the appeal request has not been considered and you will be allowed to present evidence of why the appeal should be considered.

Because claims filing periods and appeals periods may overlap, the plan will coordinate appeals of clinical non-certifications, claims for payment of benefits and appeals of claims for payment of benefits. If you submit an appeal for a clinical non-certification but have already received the services which are the subject of the appeal, and Coventry Health Care has received a claim for benefits while the appeal is under consideration, the appeal will be reviewed as follows:

1. The appeal will be consolidated and all submitted information will be taken into consideration when the claim for benefits is reviewed. A notice of claim determination will be provided. If the claim for benefits is denied, you may file a final appeal of the *claim denial*; and

If the claim for benefits was already denied prior to your submitting the appeal of a clinical non-certification, the plan will consider this your appeal of the claim for benefits denial.

The *plan administrator* will notify you of the final decision within a reasonable time period, but not later than:

1. 72 hours for an oral appeal of a clinical non-certification for a *request for certification involving urgent care*;
2. 30 days for all appeals of a clinical non-certification which are not considered to fall under No. 1 above;
3. 60 days for all other appeals.

If you have any questions, please call Coventry Health Care Member Services at 800-541-1623.

Sincerely,

Coventry Management Services, Inc.

JS

cc: Ralph C. Neal
4622 Osage Court
Green Bay, WI 54313

4141 N. Scottsdale Road • Scottsdale, AZ 85251

CB 000303

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January 17, 2008

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DAWN M. KORVER
T. WICKHAM SCHMIDT

Retired:
J. MICHAEL JERRY

Coventry Health Care
P.O. Box 8400
London, KY 40742

Re: Participant: Ralph C. Neal
Fund: H5148
Plan Administrator: Christopher & Banks, Inc.
Patient Name: Ralph C. Neal
Provider Name: University of WI Hospital and Clinic
Re: transplant and transplant related claims
Processed date: April 25, 2006 through October 29, 2007

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Dear Sir or Madam:

Enclosed you will find medical records from the University of Wisconsin Hospital and Clinics along with medical records from Bellin Health - Ashwaubenon. We are awaiting records from Bellin Hospital. Upon receipt of those records, we will copy them and send them to you for your review.

In the meantime, if you have any questions, please feel free to contact me. Thank you.

Very truly yours,

LIEBMANN, CONWAY, OLEJNICZAK & JERRY, S.C.

By: George Burnett (sem)
George Burnett

GB:sem
Enclosure
272008

cc: Ralph C. and Julie Neal
Mary Jane Volm

CB 000304